1. **Unique Case Number:** __________________________
   (Designate a number that will stay the same at all times. Example: OSHA-98-1, where OSHA means it was discovered by us, 98 is the year, and the numbers will be in sequence.)

2. **Date of Injury/Illness:** ____________________

3. Was case recorded on log? (Please check one)
   [ ] Yes (If yes, enter log case number here ________________; continue to Table 1 then to Table 2)
   [ ] No (If no, then continue to Table 2)

   **Table 1.** If yes, copy information from columns G through M of the employer’s 300 log entry.

<table>
<thead>
<tr>
<th>G</th>
<th>H</th>
<th>I</th>
<th>J</th>
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   **Table 2.** If recorded incorrectly in Table 1, or not recorded at all, correctly record here.

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<tr>
<th>G</th>
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</table>

4. **Injury/Illness Information:** (From 300 Log, Items 1-5 of Column M)
   1) If Injury Check here [ ]
   2) Skin Disorder [ ]
   3) Poisonings [ ]
   4) Respiratory Condition [ ]
   5) All Other Illnesses [ ]

5. **Work Relationship:** Describe event or exposure including placement of employee on or off premises; OSHA 301 equivalent or company accident report often provides this information. Ex: Cut finger while loading scrap metal at work; Broke arm in auto accident while driving to customer’s office, develops dermatitis from cleaning parts with solvent on premises.

6. **Basis for Recordability:** (Check all that apply and provide details in comments section below)
   - Death (D) ---------------- [ ]
   - Medical Treatment beyond First Aid (MT) ------------ [ ]
   - Days away from work (DA) - - - [ ]
   - A significant injury or illness diagnosed by a physician
   - Loss of consciousness (LC) - - - [ ]
   - or other health care professional (SI) ----------------- [ ]
   - Restrictive work or transfer to another job (RT) - - - [ ]
   - Recordable condition under 1904.8 thru 1904.12
     (needlestick, TB, hearing loss, etc.) - - - - - - - - - [ ]

7. **Comments:** (Be specific and show all relevant information) Examples: MT-Naprosyn 440 mg BID (twice a day); DAW-RWT - give dates (9/14/02-9/21/02); SI - Aplastic Anemia from Benzene exposure

8. **Supporting Documentation or Evidence:** (Check all documentation used for substantiating case recordability)
   - OSHA 300 Form [ ]
   - Employee roster (payroll) [ ]
   - Medical Records/Files [ ]
   - Nurse/Doctor/Clinic logs [ ]
   - Insurers’ accident reports [ ]
   - Company Accident Reports [ ]
   - Absentee Records [ ]
   - Company First Aid Reports [ ]
   - Union Records [ ]
   - Accident and Health Benefit Insurance [ ]
   - OSHA 301 Form or Workers’ Comp. Equivalent [ ]
   - State Workers’ Compensation Form [ ]
   - Other (Specify) __________________________ [ ]